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LSI LOGIC LEGAL IP → 917037464000

NO.620 0003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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P.O. Box 1450  
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24319 7590 03/19/2004

LSI LOGIC CORPORATION  
1621 BARBER LANE  
MS: D-106 LEGAL  
MILPITAS, CA 95035

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Connie del Castillo	(Depositor's name)
<i>Connie del Castillo</i>	(Signature)
04/09/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,716	08/17/2001	Anand Govind	01-210	6239

TITLE OF INVENTION: CHARACTERISTIC IMPEDANCE EQUALIZER AND AN INTEGRATED CIRCUIT PACKAGE EMPLOYING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, STEPHEN E	2817	333-034000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hitt Gaines, P.C.

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

LSI Logic Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Milpitas, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☐ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature)

Timothy Croll, Reg. No. 36,771

(Date)

9 APR 04

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LSI

FAX



LSI Logic Corporation  
Legal Department - IP  
1621 Barber Lane, MS D-106  
Milpitas, CA 95035

Date April 9, 2004Number of pages including cover sheet 5To: US PTO, Mail Stop Issue FeeFrom: Connie del CastilloIntellectual Property ParalegalFax No. 703-746-4000Telephone No. (408) 433-7191

Phone No. \_\_\_\_\_

Fax No. (408) 433-7460

CC: \_\_\_\_\_

## REMARKS:

☐ Urgent☒ For your review☒ Reply ASAP☐ Please comment

Application Number: 09/932,716  
Filing date: August 17, 2001  
First named inventor: Anand Govind et al.  
Attorney docket number: 01-210

Transmitted herewith for filing via facsimile:

- Fee Transmittal, PTO/SB/17 (in duplicate)
- Part B - Fee(s) Transmittal PTOL-85 (in duplicate)

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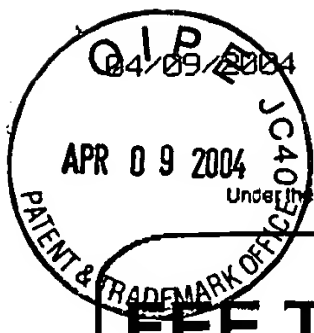
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NO.620 0002

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Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

1330-  
(\$4300.00)

## Complete if Known

Application Number	09/932,716
Filing Date	August-17, 2001
First Named Inventor	Anand Govind
Group Art Unit	2817
Examiner Name	Stephen E. Jones
Attorney Docket No.	LSIL 01-210 / 01-210

## METHOD OF PAYMENT (check one)

- 1.
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Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional Filing fee	

SUBTOTAL (1) (\$0.00)

## 2. EXTRA CLAIM FEES

	Extra Claim	Fee from below	Fee Paid
Total claim	-20**=	X	=
Independent Claims	-3**=	X	=
Multiple Dependent			=

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Large Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing request for reexamination	
112	920*	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1510	218	755	Extension for reply within fourth month	
128	2,060	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	1200
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional application	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129 (a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129 (b))	
Other fee (specify)					
Other fee (specify)					

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$4300.00) / 330 -

## SUBMITTED BY

Typed or printed name

Timothy Croll

Signature

[Signature]

Date

9 APR 04

## Complete (if applicable)

Reg. Number

36,771

Deposit Account User ID

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